HDFC ERGO General Insurance Company Limited

Claim Form

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GRAMIN SURAKSHA BIMA – CLAIM FORM

Claimant's Statement

INSURED INFORMATION

Insured's Name____________________________ Date of Birth ___/___/____ Marital Status _____

Insured's Address

____

Policy Number________________________ Insured's Occupation (at time of death)

____

Certificate Number______________________ Membership Number

Did the Insured have any other accident or life insurance?________ If yes, please list all companies, policy numbers and insurance amounts:__

____

ACCIDENT INFORMATION

Date of accident_____/______/_____ Time and place accident occurred___________________________________

Please describe in detail the circumstances of accident (attach separate sheet if needed):

____

____
____

Was the accident related to the Insured's occupation?__________________If so, how?

____

Please list the names and addresses of all treating physicians and hospitals:___________________________________

____
____

Date of Admission:______________ Date of Discharge:_________________Hospitalization Expenses:__________

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Did police or other authorities investigate the accident? ___ If yes, please provide name, address and telephone number of all investigating officers and agencies:

____

CLAIM INFORMATION FOR DEATH

Please describe the cause of the Insured's death:

____

Wasanautopsyperformed?_____If yes, please provide name and address of Medical Examiner_________________

____ _

Wasacoroner'sinquestheld?______If yes, what was the determination?_____________________________________

CLAIM INFORMATION FOR DISABILITY

Nature of Injuries: _________________________________

Has the Accident resulted into Loss of Hand ƒ Hands or Loss of Foot ƒ Feet ƒ Eye ƒ Eyes ƒ Permanent Total Disability of any other type which may prevent the Insured Person engaging in or being occupied with or giving attention to any employment or occupation whatsoever? If yes, please details

____

Please also attach the Certificates & Reports from the Hospital Authorities or Attending Civil Surgeons certifying the Permanent Total Disablement.